

USERID REQUEST FORM
FOR FMIS SYSTEM



DATE: _____

DIRECTOR/MANAGER

NAME: _____

PHONE#: _____

JOB TITLE: _____

ASSIGN USERID TO (USER): _____

PHONE#: _____

PURPOSE: _____

Confirmation Question: _____

Answer: _____

Example: What school did I attend Douglass High School

The following guidelines are established by the Office of Finance for all FMIS System Users.

As a system user, it is your responsibility to ensure:

1. The confidentiality of your password.
2. That the userid will be used for OFFICIAL BUSINESS ONLY.
3. That proper care will be exercised to protect all assets while performing your duties. I ACCEPT THE RESPONSIBILITIES DESCRIBED ABOVE.

Signature of User

I CERTIFY AND APPROVE THE ABOVE REQUEST.

Signature of Manager/Director and Phone Number

Configuration Management:

BCAC Management Approval: _____

Security Administrator Approval: _____

USERID ASSIGNED: _____

Any Question CONTACT: OCFO Consolidated Servicedesk @ 1-866-740-0994
Upon completion of Form Fax to 202-501-2913